		AND HUMAN SERVICES 16 MEDICAID SERVICES	ac	#	1 receptable	FORM): 02/16/2012 1 APPROVED): 0938-039
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	Village on February acceptance of the Aremove the Immediand F490, Scope at revisit revealed the implemented February acceptance of the Aremove the Immediand F490, Scope at revisit revealed the implemented February Immediate Jeopard but non-compliance F-223, F226, and F submit a plan of contags. 483.13(b), 483.13(b) ABUSE/INVOLUNT The resident has the sexual, physical, and punishment, and involuntary seclusion. This REQUIREMENT by: Based on survey rethe facility failed to experimental abuse of five facility failed to stop immediately, allowing to continue to abuse	Allegation of Compliance to ate Jeopardy at F-223, F226, and Severity level "J." The corrective actions ary 13, 2012, removed the y at F-223, F226, and F490, e continues at a "D" level for 490. The facility is required to rection for all outstanding (1)(1)(i) FREE FROM ARY SECLUSION e right to be free from verbal, d mental abuse, corporal voluntary seclusion. It use verbal, mental, sexual, corporal punishment, or n. It is not met as evidenced esults dated January 31, 2012, ensure two Residents (#1 and vere free from physical and a Residents reviewed. The and report the abuse of three alleged perpetrators,	{F 2	23}			
	Allegation of Compl	iance on February 13, 2012. on February 15, 2012,		:			
ORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNA	ATURE		Sie Dûge 2-4		(X6) DATE

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

If continuation sheet Page 1 of 9

Facility ID: TN9002

T-197 P0002/0132 F-159 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-C B. WING 445483 02/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE APPALACHIAN CHRISTIAN VILLAGE JOHNSON CITY, TN 37601 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (F 000) INITIAL COMMENTS {F 000} A revisit was completed at Appalachian Christian Village on February 15, 2011, following acceptance of the Allegation of Compliance to remove the Immediate Jeopardy at F-223, F226, and F490, Scope and Severity level "J." The revisit revealed the corrective actions implemented February 13, 2012, removed the Immediate Jeopardy at F-223, F226, and F490. but non-compliance continues at a "D" level for F-223, F226, and F490. The facility is required to submit a plan of correction for all outstanding tags. {F 223} 483.13(b), 483.13(b)(1)(i) FREE FROM (F 223) ABUSE/INVOLUNTARY SECLUSION SS=D F223 The resident has the right to be free from verbal, 3/9/12 sexual, physical, and mental abuse, corporal 1) The corrective actions that have been punishment, and involuntary seclusion. accomplished for the two residents found to have been affected by the deficient The facility must not use verbal, mental, sexual, practice: or physical abuse, corporal punishment, or involuntary seclusion. **RESIDENT #1** This REQUIREMENT is not met as evidenced Based on survey results dated January 31, 2012, 1/14/12: Clothing and bed linens were changed by Certified Nursing Assistants the facility failed to ensure two Residents (#1 and (CNA) #3 and #8 after having been found #2) with Dementia were free from physical and wet by Registered Nurse (RN) #1 under the mental abuse of five Residents reviewed. The supervision of RN #1. facility failed to stop and report the abuse immediately, allowing three alleged perpetrators, to continue to abuse the victims. The facility provided an acceptable Credible Allegation of Compliance on February 13, 2012. A revisit conducted on February 15, 2012, (X6) DATE

LABORATOR DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: TN9002

02-29-'12 16:45 FROM-CENTERS FOR MEDICARE & MEDICAID SERVICES T-197 P0003/0132 F-159

OMB NO. 0938-0391

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		February 13, 2012, Jeopardy. Non-com at a "D" level scope Validation of the Cre Compliance was acceptively review, review interview with staff, a residents and familie facility provided evid procedures which was 23, 2012, related to and reporting abuse enforcement of the corresponding to the interview and training sheets for all staff related for the records were compared by the provided. The records were compared by the records were compared for the records with staff, in the records with staff, in the records with staff, in the records were compared for the records were compared for the records with staff, in the record of the r	tive actions, implemented on removed the Immediate opliance for F-223 continues and severity. Adible Allegation of complished through facility of inservice records, administrative personnel, as, and observation. The ence of new policies and as implemented on January the enforcement of stopping immediately and the sell phone policy, which personal cell phones and y. The records including sign-in lated to the new policies sign-in sheets for the training red to a listing of all red to a listing of all trained on the new policies. Including Certified Nursing Restorative Nursing incensed Practical Nurses Aurses (RN's), and Director of Nursing if had been inserviced on the policies, cell phone policies, ermination for not stopping or if caught with a personal ity. Continued interview the policies of each staff rotation,	{F 223}	In 1/14/12: After being notified of the allegation, the RN Supervisor did not CNA #2, #3, or #4 to enter Resident room and/or perform any care unationed the RN for the remainder of the shift time, the RN did not know that Resident envolved in the event that to Resident #1. 1/20/12 was the data involvement of Resident #2 was dis However, all residents assigned to #3 and #4 were closely monitored the remainder of the shift. Resident #2 that assignment which was supervisioned the RN Supervisor and the Licensed Practical Nurse (LPN) Staff Nurse. residents were observed and assessensure appropriate care had been an and also observed for signs similar reported in the event involving Resident growns, wet pillow cases, water wall or bed). No further signs of ununexpected abuse as observed with Resident #1 were identified by the Supervisor or the LPN Charge Nurse the remainder of the shift. In 1/20/12: MDS assessment was reby Minimum Data Set (MDS) RN. The of care was reviewed and revised by Interdisciplinary Care Plan Team mento reflect the improvement of behavior Interdisciplinary Care Plan Team con of: MDS Nurse, Certified Dietary Mand the Activities Coordinator. In 1/19/12: Resident #1's husband we notified by the Chief Executive Office (CEO), Administrator and DON met with the husband on 1/19/12.	ot allow t #1's tended by t. At this ident #2 occurred te the covered. CNAs #2, for the was in sed by d Other sed to endered to those dent #1 on the usual or the was in sed by d on the usual or the asisted the mbers ors. The usisted thager, as r	

The facility will remain out of compliance at a Scope and Severity level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee.

- 1/20/12: The Administrator notified the son of the reported allegation. The son did not want to meet, but wanted to discuss the matter on the phone. Administrator offered to have the resident sent to the hospital for a physical exam, but the son declined the offer.
- 1/20/12: Skin audit was completed by the Wound Care Nurse on 1/20/12. Findings: Skin intact with no other significant findings.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: FJ5|12

Facil the Administrator and the Human Resources at page 4 of 66

(HR) Director.

the Director of Nursing. The revisions of the "Abuse Prevention Policy" and the "Cellular Phone Usage Policy" were carried out by the facility's attorney, with approval of the CEO,

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DO B P ST FIN TO A CO A	staff have persona staff has been caugh phone. Random interviews we residents and family to observations had been phones in the facility. Observation revealed was posted in the man at the elevators, and in observed being used in the elevators of facilities implemented of the propring and reporting and repor	cell phone policy, and to see I cell phones with them. No not with their personal cell with alert and oriented members confirmed no en made of staff with cell. I the Crimes Reporting policy in lobby, at the time clocks, in the medication rooms. The facility. cility abuse and cell phone on January 23, 2012, for a pause, review of inservice observation, the was removed during the ebruary 15, 2012. Out of compliance at a well "D"-a pattern of deficient is no actual harm with minimal harm that is not The facility remains out of indes an acceptable plan of monitoring to ensure the not recur and the facility's	{F 223	 1/24/12: Human Resources Direct disciplined CNA #7 with a final writh warning for failure to report suspect and failure to report violations of the phone usage policy. 1/24/12: CNA #1, who originally the incident, was disciplined by Human Resources for failure to timely report usaging phone at work as in Appalachian C Village polices 1) Abuse Prevention reporting and 2) Cell Phone Usage written warning was issued and place employee's file. 1/25/12: Human Resources Direct disciplined RN #1 with a final written and one day suspension (1/26/12). 1/25/12: CNA #1 sent an email to Administrator with his resignation with notice. 1/25/12: Human Resources Direct disciplined CNA #6 with a final written and failure to report violations of the phone usage policy. 1/26/12: Human Resources Direct disciplined LPN #1 with a one day suspension (1/26/12). 	ten ted abuse e cellular y reported man ort any le of cell hristian n and or A final ed in the tor warning the thout tor n d abuse cellular	

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	E F S Milling TS p p Ir co	if staff have personal staff has been caugh phone. Random interviews we residents and family observations had been phones in the facility. Observation revealed was posted in the material the elevators, and in the elevators, and in the elevators are considered by the facility will remain the elevators of the facility will	cell phone policy, and to see I cell phones with them. No it with their personal cell with alert and oriented members confirmed no en made of staff with cell the Crimes Reporting policy in lobby, at the time clocks, in the medication rooms. no cell phones were in the facility. cility abuse and cell phone on January 23, 2012, for a buse, review of inservice to observation, the was removed during the	{F 2		ABUSE PREVENTION POLICY RE The content of the revised "Abuse Prevention Policy" training include (revisions in bold italics): "employe immediately report to their supervisions alleged incidents or suspicions of neglect, involuntary seclusion and misappropriation of resident's prople incidents include: staff to resident, to resident, resident to staff, staff to visitor to resident. Any employee made aware of abuse or suspect abuse, must immediately report supervisor. Any employee who far report an act or suspicion of abuse subject to discipline which may incident incident." (See Attachment "Atthe revision to the "Abuse Preventi Policy" is the added statement: "An employee who fails to report an assuspicion of abuse will be subject discipline which may include termination." The Administrator of Appalachian Christian Village shall the Abuse Coordinator. CELL PHONE USAGE POLICY RE The revised cell phone usage policy with revisions in bold italics: "Appa Christian Village prohibits the use of the revision of abuse will be required to personal cellular phones and came any ACV owned building during working hours. Employees will be required their vehicles and shall not use the they are clocked in on ACV proper they are clocked in on ACV proper in building during working hours the company's policy. If an employee is with their personal cellular phone in building during working hours the caphone will be taken from them by the personal cellular phone in	d ses shall sor any abuse, for sor any abuse, for serify, resident o staff and to their ills to will be lude "") on y act or states, lachian fras in king so keep ras in sem while erty. It friends se caught an ACV ellular	

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practice that constitutes no actual harm with

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Immediate Jeopardy. The facility remains out of

compliance until it provides an acceptable plan of

a correction to include monitoring to ensure the

evaluated by the Quality Assurance Committee.

corrective measures could be reviewed and

deficient practice does not recur and the facility's

corrective action.

1/20/12 through 2/9/12: Fifty-five (55)

family members were contacted and/or

Coordinator regarding any changes in

noticed in that resident within the last 3

personality, mood or behavior they may have

months. Findings: Issues/concerns reported

were forwarded to the DON for follow-up and

interviewed by the Social Services

Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of

a correction to include monitoring to ensure the

corrective measures could be reviewed and evaluated by the Quality Assurance Committee.

deficient practice does not recur and the facility's

Attachment "F")

2/8/12: The DON and ADON developed an

additional resident monitoring process. (See

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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corrective measures could be reviewed and evaluated by the Quality Assurance Committee.

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-C B. WING 445483 02/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE APPALACHIAN CHRISTIAN VILLAGE JOHNSON CITY, TN 37601 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY {F 223} Continued From page 2-2 {F 223} understanding of the cell phone policy, and to see if staff have personal cell phones with them. No staff has been caught with their personal cell phone. Random interviews with alert and oriented residents and family members confirmed no observations had been made of staff with cell phones in the facility. Observation revealed the Crimes Reporting policy was posted in the main lobby, at the time clocks, at the elevators, and in the medication rooms. Observation revealed no cell phones were observed being used in the facility. Based on review of facility abuse and cell phone policies implemented on January 23, 2012, for stopping and reporting abuse, review of inservice records, interview and observation, the Immediate Jeopardy was removed during the revisit survey dated February 15, 2012. F226 The facility will remain out of compliance at a 1) The corrective actions that have been 3/9/12 Scope and Severity level "D"-a pattern of deficient accomplished for the two residents found practice that constitutes no actual harm with to have been affected by the deficient potential for more that minimal harm that is not practice: Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the RESIDENT #1 deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. . 1/14/12: Clothing and bed linens were (F 226) 483.13(c) DEVELOP/IMPLMENT {F 226} changed by Certified Nursing Assistants ABUSE/NEGLECT, ETC POLICIES SS=D (CNA) #3 and #8 after having been found wet by Registered Nurse (RN) #1 under the

The facility must develop and implement written

supervision of RN #1.

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING R-C B. WING 02/15/2012 445483 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2012 SHERWOOD DRIVE APPALACHIAN CHRISTIAN VILLAGE JOHNSON CITY, TN 37601 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG . 1/14/12: After being notified of the allegation, the RN Supervisor did not allow {F 226} (F 226) Continued From page 23 CNA #2, #3, or #4 to enter Resident #1's policies and procedures that prohibit room and/or perform any care unattended by mistreatment, neglect, and abuse of residents the RN for the remainder of the shift. At this time, the RN did not know that Resident #2 and misappropriation of resident property. had been involved in the event that occurred to Resident #1. 1/20/12 was the date the involvement of Resident #2 was discovered. This REQUIREMENT is not met as evidenced However, all residents assigned to CNAs #2 by: #3 and # 4 were closely monitored for the Based on survey results dated January 31, 2012, remainder of the shift. Resident #2 was in the facility failed to ensure two Residents (#1 and that assignment which was supervised by #2) with Dementia were free from physical and the RN Supervisor and the Licensed mental abuse of five Residents reviewed. The Practical Nurse (LPN) Staff Nurse. Other facility failed to follow facility policy to report residents were observed and assessed to ensure appropriate care had been rendered abuse immediately and remove the alleged and also observed for signs similar to those perpetrators and protect the residents, allowing reported in the event involving Resident #1 the three alleged perpetrators to continue to (wet gowns, wet pillow cases, water on the abuse the victims. wall or bed). No further signs of unusual or unexpected abuse as observed with The facility provided an acceptable Credible Resident #1 were identified by the RN Allegation of Compliance on February 13, 2012. Supervisor or the LPN Charge Nurse during A revisit conducted on February 15, 2012, the remainder of the shift. revealed the corrective actions, implemented on February 13, 2012, removed the Immediate 1/20/12: MDS assessment was reviewed Jeopardy. Non-compliance for F-223 continues by Minimum Data Set (MDS) RN. The plan of care was reviewed and revised by the at a "D" level scope and severity. Interdisciplinary Care Plan Team members to reflect the improvement of behaviors. The Validation of the Credible Allegation of Interdisciplinary Care Plan Team consisted Compliance was accomplished through facility of: MDS Nurse, Certified Dietary Manager, policy review, review of inservice records, and the Activities Coordinator. interview with staff, administrative personnel, residents and families, and observation. The 1/19/12: Resident #1's husband was facility provided evidence of new policies and notified by the Chief Executive Officer procedures which were implemented on January (CEO), Administrator and Director of Nursing 23, 2012, related to the enforcement of following (DON) of the allegation. The CEO, the policy to stop and report abuse immediately Administrator and DON met with the

and cameras in the facility.

and the enforcement of the cell phone policy,

which prohibited the use of personal cell phones

husband on 1/19/12.

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	it.	*	OMB NO.	0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
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	sheets for all staff rewere provided. The records were compared to the records with staff, Assistants (CNA's), Assistants (RNA's), (LPN's), Registered Environmental Service Physical Therapist (DON) confirmed stabuse and reporting and the likelihood of and reporting abuse cell phone in the factorific to the record to th	regrecords including sign-in elated to the new policies is sign-in sheets for the training ared to a listing of all firmed 100% (percent) of all in trained on the new policies. Including Certified Nursing Restorative Nursing Licensed Practical Nurses Nurses (RN's), ices (Housekeeping/Laundry), PT), and Director of Nursing aff had been inserviced on the policies, cell phone policies, termination for not stopping, or if caught with a personal ility. Continued interview ginning of each staff rotation, stion staff to ensure a cell phones with them. No not with their personal cell with alert and oriented amily members confirmed no en made of staff with cell of the Crimes Reporting policy ain lobby, at the time clocks, in the medicine rooms.	{F 226}	 1/20/12: Two daughters were no CEO, Administrator, and DON and with one of the daughters that sam 1/20/12: Attending physician was by the Assistant Director of Nursing of the reported allegation. 1/20/12: A sitter was provided by facility on the night shift (7p-7a). 1/20/12: Resident #1 was sent to Emergency Room where a physical was performed to ensure no physich harm had occurred. Findings were for any type of physical abuse/harm 1/24/12: Resident #1 was evaluate Geropsychiatric Nurse Practition Findings: Not significant for mood/ changes, documented as "calm and cooperative". 2/9/12: Administrator requested Geropsychiatric Nurse Practitioner Resident #1 every 2 weeks for at lemonths. Order obtained by LPN Chause. RESIDENT #2 1/20/12: The Administrator notificator of the reported allegation. The not want to meet, but wanted to dismatter on the phone. Administrator to have the resident sent to the hos physical exam, but the son declined offer. 1/20/12: Skin audit was complete Wound Care Nurse on 1/20/12. Fir Skin intact with no other significant. 	they met e day. s notified g (ADON) the the al exam cal/bodily negative n. ated by ner. behavior d the visit ast 2 narge ed the son did cuss the offered pital for a if the ed by the ndings:	
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	stopping and report records, interview a Immediate Jeopard revisit survey dated. The facility will remand Scope and Severity practice that constitute potential for more that Immediate Jeopardy compliance until it para correction to include deficient practice do corrective measures.	ed on January 23, 2012, for ing abuse, review of inservice nd observation, the y was removed during the	{F 226}	It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement Administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator. It is a substitute of the local law enforcement administrator.	Practitioner. nue current or requested the titioner visit for at least 2 LPN Charge I 4 were placed tout pay. or and DON expicture gallery. ctures present of their residents. I 4 were reported to by the estigation CNA's diffrom B were t for failure to ling false	

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APPALACHIAN CHRISTIAN VILLAGE 201 SUMMARY STATEMENT OF DEPICIENCIES (#ACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEPICE PROPERTY ACTION SHOULD BE CONSTRUCTED AND ASSOCIATION SHOULD BE CONSTRUCTED ASSOCIATION SHOULD BE CONSTRUCTED AND ASSOCIATION SHOULD BE CONSTRUCTED AND ASSOCIATION SHOULD BE CONSTRUCTED AND ASSOCIATION S	APPALACHIAN CHRISTIAN VILLAGE SUMMARY STATEMENT OF DEPICIENCES PREFIX TAG SUMMARY STATEMENT OF DEPICIENCES PREFIX TAG PROMPETERS PLAN OF CORRECTION HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PREFIX TAG PROMPETERS PLAN OF CORRECTION HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY	6		445483	B. WING		02/1	5/2012
(F 226) Continued From page Policies implemented on January 23, 2012, for stopping and reporting abuse, review of inservice records, interview and observation, the Immediate Jeopardy was removed during the revisit survey dated February 15, 2012. The facility will remain out of compliance at a Scope and Severify level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not immediate Jeopardy. The facility remains out of compliance until if provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. **Interview of policies "Abuse Prevention." Cellular Phone Usage "Dioty" was conducted by the Scillity's attorney, with a fine View CEO, the Administrator and the Director of Nursing. The revisions of the "Abuse Prevention Policy" and the "Cellular Phone Usage Policy" were carried out by the facility's attorney, with approval of the CEO, the Administrator and the Human Resources (HR) Director. **Interview of policies "Abuse Prevention." Cellular Phone Usage "Dioty" was conducted by the Crime Tractice does not recur and the United Tractice Cellular Phone Usage Policy" were carried out by the facility's attorney, with approval of the CEO, the Administrator and the United Tractice Administrator and the Director of visite Phone Usage. (HR) Director. **Interview of policies "Abuse Prevention." Cellular Phone Usage "Dioty" was conducted by the facility autometry was conducted by the facility secures Director disciplined CNA #7 with a final written warning and one day suspension (1/26/12). **Interview of policies "Abuse Prevention." Cellular Phone Usage "Dioty" was conducted by the facility secures Director disciplined RN #7 with a final written warning for failure to report suspected abuse and failure to report suspected abuse and failure to report violations of the editor.	TAG REGULATORY OR LISC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE Difference CROSS-REFERENCED TO THAM APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO ABUSE CROSS-REFERENCE TO EN USE CROSS-REFERENCE TO ENUS CROSS-REFERENCE TO	APPALA (X4) ID	ACHIAN CHRISTIAN V	TEMENT OF DEFICIENCIES	ID .	2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601 PROVIDER'S PLAN OF CO	PRRECTION	(X5) COMPLETION
Prevention, "Cellular Phone Usage" and policies implemented on January 23, 2012, for stopping and reporting abuse, review of inservice records, interview and observation, the Immediate Jeopardy was removed during the revisit survey dated February 15, 2012. The facility will remain out of compliance at a Scope and Severity level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. **IZ4/12:** CNA #1, who originally reported the incident, was disciplined by Human Resources for failure to timely report any suspicion of abuse and report usage of cell phone at work as in Appalachian Christian Village polices 1) Abuse Prevention and reporting and 2) Cell Phone Usage Call with a final written warning and one day suspension (1/26/12). **IZ5/12:** Human Resources Director disciplined Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file. **IZ5/12:** Human Resources Director disciplined Report and placed in the employee's file	(F 226) Continued From page 80 policies implemented on January 23, 2012, for stopping and reporting abuse, review of inservice records, interview and observation, the Immediate Jeopardy was removed during the revisit survey dated February 15, 2012. The facility will remain out of compliance at a Scope and Severity level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. The facility Assurance Committee. (F 226) Prevention", "Cellular Phone Usage and "Crimes Reporting" was conducted by the facility's attorney, the CEO, the Human Resources Director of the Director of Nursing, The revisions of the "Abuse Prevention Policy" and the "Cellular Phone Usage Policy were carried out by the facility's attorney, with approval of the CEO, the Administrator and the Human Resources Director disciplined CNA #7 with a final written warning for failure to report suspected abuse and failure to report violations of the cellular phone usage policy. 1/24/12: CNA #1, who originally reported the incident, was disciplined by Human Resources for failure to timely report any suspicion of abuse and report usage of cell phone at work as in Appalachian Christian Village polices 1) Abuse Prevention and reporting and 2) Cell Phone Usage. A final written warning and one day suspension (1/26/12). 1/25/12: CNA #1 with a final written warning and one day suspension (1/26/12).					CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
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NAME OF PROVIDER OR SUPPLIER

APPALACHIAN CHRISTIAN VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601

SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG

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B. WING

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) DATE

02/45/2012

{F 226} Continued From page 30

policies implemented on January 23, 2012, for stopping and reporting abuse, review of inservice records, interview and observation, the Immediate Jeopardy was removed during the revisit survey dated February 15, 2012.

The facility will remain out of compliance at a Scope and Severity level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee.

CELL PHONE USAGE POLICY REVISIONS {F 226}

The revised cell phone usage policy states, with revisions in bold italics: "Appalachian Christian Village prohibits the use of personal cellular phones and cameras in any ACV owned building during working hours. Employees will be required to keep personal cellular phones and cameras in their vehicles and shall not use them while they are clocked in on ACV property. Employees are asked to ensure that friends and family members are aware of the company's policy. If an employee is caught with their personal cellular phone in an ACV building during working hours the cellular phone will be taken from them by their supervisor and will not be returned to them until the end of their shift. In the event of an emergency, employees may use the facility phones to receive or make calls." "Due to the fact that management staff ... members are on call 24 hours a day, most of them have been assigned a cellular phone for business use and may use them for legitimate business reasons while at work. Management staff is encouraged to regularly remind employees of their responsibilities in complying with this policy".(See Attachment "B")

INSERVICES FOR ABUSE POLICY/REPORTING PROCEDURE AND CELL PHONE USAGE

- 1/23/12: The HR Director was trained and in-serviced by the facility's attorney.
- 1/24/12: The HR Director trained Management Staff (Administrator, DON, and ADON).

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: FJ5112

Facility ID: 1N9002

If continuation sheet Page 29 2 66

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 1/24/12: New Hire Orientation information was updated to include the policy revisions for "Abuse Prevention" and "Cell Phone Usage."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
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	stopping and reporti- records, interview ar Immediate Jeopardy revisit survey dated. The facility will rema Scope and Severity is practice that constitu- potential for more that Immediate Jeopardy compliance until it pro- a correction to include deficient practice does corrective measures evaluated by the Quar-	d on January 23, 2012, for ng abuse, review of inservice nd observation, the was removed during the		2) How other residents were having the potential to be affi same deficient practice and cactions taken: • 1/20/12 through 2/9/12: Fifty family members were contacted interviewed by the Social Servic Coordinator regarding any champersonality, mood or behavior the noticed in that resident within the months. Findings: Issues/concewere forwarded to the DON for a corrective action. • 1/24/12 through 2/7/12: Thirty alert and oriented residents with of 10 or above on the most rece assessment were interviewed by Assurance (QA) Nurse and Soci Worker/Admissions Coordinator any inappropriate behavior or su abuse, neglect or harm. Specific were used to conduct the interviewer used to conduct the interviewed the sheet with the questions for example to the interviewer door the sheet with the questions for example to the interview were door the sheet with the questions for example to the interview were voiced. Suspected abuse/harm was voiced dentified. • 2/6/12: Residents with dementional to a suspected abuse by 8 LPN charges indings: No changes or issues in the results of the evaluations were documented in nurse's notes. A suspected abuse/harm was voiced dentified.	acted by the corrective and/or ses ges in sey may have e last 3 serns reported follow-up and a BIM score of the Quality al regarding spected a questions aw. The amented on each or and/or sie and/or sie and/or sie were for changes ent or e nurses, dentified se sore of the Qualified se sore of the Quality al regarding spected and/or sie and		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R-C 02/15/2012	
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDIN	PLE CONSTRUCTION G		JRVEY TED -C 5/2012
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					The revised cell phone usage policy with revisions in bold italics: "Appersonal cellular phones and came any ACV owned building during we hours. Employees will be required personal cellular phones and came their vehicles and shall not use the they are clocked in on ACV propersonal cellular phones and came their vehicles are asked to ensure the and family members are aware of the company's policy. If an employee with their personal cellular phone in	sy states, opalachian of eras in to keep eras in em while erty. at friends the is caught	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE), 0938-03 SURVEY
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	·	n d e	2/15/12: Pre and post test so eviewed by the DON and ADO letermine staff competency and ducation is needed. Results: 1= 90.	N to d if further 15 = 100 and	
		N sı Q	1/27/12: The Administrator at lursing reviewed the function or upervisors, LPN charge nurses ruality Assurance LPN.	f RN s, and the	
įt		im	3/4/12 and 3/5/12: The Social appealmented a Family Council b	Worker	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUL	TIPLE CONSTRUCTION	(XS) DATE	0,0938-039 SURVEY STED
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		c c c c c c c c c c c c c c c c c c c	o 1/31/12: A grievance program leveloped and implemented by of Nursing. The DON will maint complaints and will follow up on complaint regarding patient care romptly. This program is in addurrent policy/procedure in place verseen by the Social Services coordinator. Complaint/grievand orms are located by the bulletin puses the public postings and in these forms are accessible to all imployees, residents, family and see Attachment "H") 2/8/12: Facility engaged the see Independent Nurse Consultant the POC process and system plementation to address issues	the Director ain a log of each issues dition to the that is ce reporting board that information. visitors.	

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The facility will rema Scope and Severity practice that constitute potential for more that immediate Jeopardy. compliance until it pro a correction to include deficient practice does corrective measures.	February 15, 2012. In out of compliance at a level "D"-a pattern of deficient ites no actual harm with at minimal harm that is not. The facility remains out of covides an acceptable plan of a monitoring to ensure the is not recur and the facility's could be reviewed and lity Assurance Committee.		 2/8/12: Additional rounds implemented to be conducted Management team. Member management team (Administrational ADON, QA Nurse, MDS Nur Worker/Admission Coordinal Activities Coordinator) will refacility at least once daily on between 12mn and 7 am, evileast 30 days to monitor residenteraction. 	ed by the ers of the strator, DON, eses, Social tor and the ound in the the night shift ery day for at	
	-	i i	2/11/12: Process was devenhance the communication DON/ADON and Administrate activities that occur in the Hescenter during "off" hours and Off" hours are defined as how ormal work scheduled times 30 p.m.) (See Attachment "	between the pr of daily alth Care weekends.	
	- ;	•	2/7/12: Staff is asked by Chat the beginning of each state understand the cell pand if they have cell phon if found non-compliant, cataken immediately, per po Attachment "!" for New in Rounds policy)	staff rotation if whone policy es with them. ell phones are licy. (See	
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Statement of Deficiencies and Plan of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	OMB NO	0938-035 URVEY ETED
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2567(02-99) Provious Versions Obsolete Event ID F. IS112 Feelilly ID: TAIGOGS	stopping and reporting records, interview and immediate Jeopardy revisit survey dated Formation of the facility will remain Scope and Severity to practice that constitute potential for more that immediate Jeopardy, compliance until it produced deficient practice does corrective measures corrective measures cavaluated by the Quality	d on January 23, 2012, for ag abuse, review of Inservice of observation, the was removed during the February 15, 2012. If out of compliance at a evel "D"-a pattern of deficient es no actual harm with a minimal harm that is not. The facility remains out of vides an acceptable plan of a monitoring to ensure the sold be reviewed and ty Assurance Committee.		The results of the Quality As Monitoring mentioned above we and discussed in the monthly of Assurance Meeting. The information presented as follows: Attachment F: Clinical Round Nurse Attachment M: Resident Interest Social Services Coordinator Attachment N: Human Resolution Plant Pla	written related to glect to the view the riate re and if The CEO or stee for first recafter. separated at separated to	

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	0938-0391
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(F 490)	stopping and report records, interview a Immediate Jeopard revisit survey dated. The facility will rema Scope and Severity practice that constit potential for more the Immediate Jeopard compliance until it pa correction to include ficient practice do corrective measured evaluated by the QUAS3.75 EFFECTIVE ADMINISTRATION. A facility must be acceptables it to use its efficiently to attain of	ed on January 23, 2012, for ing abuse, review of inservice and observation, the y was removed during the February 15, 2012. In out of compliance at a level "D"-a pattern of deficient utes no actual harm with nat minimal harm that is not y. The facility remains out of demonitoring to ensure the pes not recur and the facility's so could be reviewed and pality Assurance Committee. IRESIDENT WELL-BEING deministered in a manner that resources effectively and ir maintain the highest, mental, and psychosocial	{F 226}		nts found	3/9/12
	by: Based on survey re the facility failed to be to enforce the facilit Residents (#1 and # to immediately susp perpetrators; failed to followed for investig abuse: and failed to	esults dated January 31, 2012, be administered in a manner by's abuse policy to protect two feel with Dementia from abuse; and the three alleged to ensure policies were ation and reporting of the ensure Residents were er abuse of five Residents		• 1/14/12: Clothing and bed line changed by Certified Nursing Ass (CNA) #3 and #8 after having be wet by Registered Nurse (RN) #1 supervision of RN #1.	sistants en found	

02-29-12 16:55 FROM-DEPARTMENT OF HEALTH AND HUMAN SERVICES P0047/0132 F-159 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-C 8. WING 445483 02/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE APPALACHIAN CHRISTIAN VILLAGE JOHNSON CITY, TN 37601 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1/14/12: After being notified of the {F 490} Continued From page 45 allegation, the RN Supervisor did not allow {F 490} CNA #2, #3, or #4 to enter Resident #1's room and/or perform any care unattended by The facility provided an acceptable Credible the RN for the remainder of the shift. At this Allegation of Compliance on February 13, 2012. time, the RN did not know that Resident #2 A revisit conducted on February 15, 2012, had been involved in the event that occurred revealed the corrective actions, implemented in to Resident #1, 1/20/12 was the date the February 13, 2012, removed the Immediate involvement of Resident #2 was discovered. Jeopardy. Non-compliance for F490 continues at However, all residents assigned to CNAs #2, #3 and #4 were closely monitored for the a "D" level scope and severity. remainder of the shift. Resident #2 was in that assignment which was supervised by Validation of the Credible Allegation of the RN Supervisor and the Licensed Compliance was accomplished through facility Practical Nurse (LPN) Staff Nurse. Other policy review, review of inservice records. residents were observed and assessed to interview with staff, administrative personnel, ensure appropriate care had been rendered residents and families, and observation. The and also observed for signs similar to those facility provided evidence of new policies and reported in the event involving Resident #1 procedures which was implemented on January (wet gowns, wet pillow cases, water on the 23, 2012, related to the enforcement of stopping wall or bed). No further signs of unusual or and reporting abuse immediately and the unexpected abuse as observed with Resident #1 were identified by the RN enforcement of the cell phone policy, which Supervisor or the LPN Charge Nurse during prohibited the use of personal cell phones and cameras in the facility. the remainder of the shift. 1/20/12: MDS assessment was reviewed. The facility provided evidence that all staff, by Minimum Data Set (MDS) RN. The plan including administrative staff, had been of care was reviewed and revised by the re-inserviced and trained on the facility's abuse Interdisciplinary Care Plan Team members policies related to stopping and reporting abuse to reflect the improvement of behaviors. The immediately, protection of the resident, and Interdisciplinary Care Plan Team consisted suspending the alleged perpetrators immediately. of: MDS Nurse, Certified Dietary Manager, Further review confirmed evidence that all staff, and the Activities Coordinator. including administrative staff, had been in-serviced and trained on the facility's cell phone 1/19/12: Resident #1's husband was notified by the Chief Executive Officer policies, which prohibits the use of personal cell (CEO), Administrator and Director of Nursing phones and cameras in the facility. The sign-in (DON) of the allegation. The CEO, sheets for the training records were compared to Administrator and DON met with the a listing of all employees and confirmed 100%

Event ID: FJ5I12

(percent) of all employees had been trained on the facility's abuse and cell phone policies.

husband on 1/19/12.

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(F 490)	점	including Certified Nursing	{F 4	90}	 1/20/12: Two daughters were no CEO, Administrator, and DON and with one of the daughters that same 	they met e day.	
	Assistants (RNA's), (LPN's), Registered Environmental Servi	Licensed Practical Nurses			 1/20/12: Attending physician was by the Assistant Director of Nursing of the reported allegation. 	(ADON)	
	been inserviced on to policies, cell phone	he abuse and reporting policies, and the likelihood of topping and reporting abuse,			 1/20/12: A sitter was provided by facility on the night shift (7p-7a). 1/20/12: Resident #1 was sent to 		
	facility. Continued in	ersonal cell phone in the sterview confirmed at the aff rotation, Charge Nurses			Emergency Room where a physical was performed to ensure no physical harm had occurred. Findings were	al/bodily	
	question staff to ens	ure understanding of the cell see if staff have personal		ĺ	for any type of physical abuse/harm		
1		n. No staff has been caught			 1/24/12: Resident #1 was evalua the Geropsychiatric Nurse Practition Findings: Not significant for mood/b 	ner. ehavior	
1	기가 전환된 현실 어떤 보면하다 기급이 많아? 기다리고 보호하다	ministrator and the Director nfirmed they had been			changes, documented as "calm and cooperative".		
	in-serviced and train	ed by the facility's Chief EO) on enforcing abuse and			 2/9/12: Administrator requested to Geropsychiatric Nurse Practitioner v Resident #1 every 2 weeks for at lea months. Order obtained by LPN Ch 	risit ast 2	
	Random interviews v	***************************************			Nurse.	g-	
1	residents and with fa	mily members confirmed no			RESIDENT #2		
	phones in the facility.	AT THOUSE OF STORY WILL COIL			• 1/20/12: The Administrator notifier son of the reported allegation. The	son did	
		the Crimes Reporting policy in lobby, at the time clocks,			not want to meet, but wanted to disc matter on the phone. Administrator	uss the offered	
		in the medicine rooms.			to have the resident sent to the hosp physical exam, but the son declined offer.		
		cility abuse and cell phone					
		on January 23, 2012,			1/20/12: Skin audit was complete	d by the	
	eview of inservice re- observation, the Imm				Wound Care Nurse on 1/20/12. Find Skin intact with no other significant fi		

Facility ID: TN9002

15, 2012.

removed during the revisit survey dated February

02-29-'12 16:55 FROM-DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

T-197 P0049/0132 F-159

FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE S COMPLE	
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notice.

phone usage policy.

 1/25/12: CNA #1 sent an email to the Administrator with his resignation without

 1/25/12: Human Resources Director disciplined CNA #6 with a final written warning for failure to report suspected abuse and failure to report violations of the cellular CENTERS FOR MEDICARE & MEDICAID SERVICES

OMR NO. DAGE TOO.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Constant Control	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY TED
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{F 490}	Scope and Severity practice that constitute potential for more the Immediate Jeopardy compliance until it proposed to a correction to include deficient practice do corrective measures.	ain out of compliance at a level "D"-a pattern of deficient utes no actual harm with at minimal harm that is not y. The facility remains out of rovides an acceptable plan of de monitoring to ensure the es not recur and the facility's could be reviewed and ality Assurance Committee.	{F 490}	o 1/26/12: Human Resources Diredisciplined LPN #1 with a one day suspension (1/26/12). ABUSE PREVENTION POLICY RITTOR RESOURCE (revisions in bold italics): "employee immediately report to their supervisualleged incidents or suspicions of a neglect, involuntary seclusion and misappropriation of resident's proplexion include: staff to resident, to resident, resident to staff, staff to visitor to resident. Any employee made aware of abuse or suspectabuse, must immediately report supervisor. Any employee who fareport an act or suspicion of abuse subject to discipline which may incident to the "Abuse Prevent Policy" is the added statement: "At employee who fails to report an suspicion of abuse will be subjectermination." (See Attachment: "At employee who fails to report an suspicion of abuse will be subjectermination." The Administrator of Appalachian Christian Village shall the Abuse Coordinator. CELL PHONE USAGE POLICY RITTOR revised cell phone usage polic with revisions in bold italics: "App. Christian Village prohibits the use of personal cellular phones and came any ACV owned building during we hours. Employees will be required personal cellular phones and came their vehicles and shall not use the they are clocked in on ACV proping the propersonal cellular phones and came their vehicles and shall not use the they are clocked in on ACV proping the propersonal cellular phones and came their vehicles and shall not use the they are clocked in on ACV proping the propersonal cellular phones and came their vehicles and shall not use the they are clocked in on ACV proping the propersonal cellular phones and came their vehicles and shall not use the they are clocked in on ACV proping the propersonal cellular phones and came their vehicles and shall not use the they are clocked in on ACV proping the propersonal cellular phones and came their vehicles and shall not use the they are clocked in on ACV proping the propersonal cellular phone	des shall ses shall ses shall ses shall ses shall ses range shows the staff and to their ils to will be lude "") ition my act or ct to of serve as EVISIONS EVISIONS	

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				contract employees working w facility. Facility staff was in-se Administrator, DON and/or the Employees that were trained/ir included Quality Assurance LF coordinator, MDS LPN, RN su charge nurses, LPN wound ca	erviced by HR, ADON. n-serviced N, MDS RN pervisors, LPN	

CRATEBLENT OF DESTIGIENCIES AND PLAN OF CORRECTION A BUILDING COAD THE PROVIDER OR SUPPLIER APPALACHIAN CHRISTIAN VILLAGE CA JUB SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL FREET AND ESS. CITY. STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY. IN 37601 CONDATE SHORMOOD THE PROVIDER OF CORRECTION FREET AND CONTINUES FOR THE PRECEDED BY FULL FREET AND FULL STATE THE PROPERTION CONTINUES FOR THE P	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		• • • •		UNID INV.	
NAME OF PROVIDER OR SUPPLIER APPALACHIAN CHRISTIAN VILLAGE APPALACHIAN CHRISTIAN VILLAGE (EXA) ID PREFIX REGULATORY OR LIST IDENTIFYING INFORMATION) FREET TAGS Continued From page 67 The facility will remain out of compliance at a Scope and Severity level "D"- a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. From the continued Provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. From the continued Provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. From the correction to include monitoring to ensure the Corrective measures could be reviewed and evaluated by the Quality Assurance Committee. From the corrective measures could be reviewed and evaluated by the Quality Assurance Committee. From the corrective measures could be reviewed and evaluated by the Quality Assurance Committee. From the correction to include monitoring to ensure the Corrections and Social Worker, Chemical State Representatives and Service Presonnel, Medical Supplies Sales Representatives, Psychological Services – Nurse Practioner and Social Worker, Chemical State Insurance Program, Medical Director, Dentist, Dental Hygienist, Registered Dietician. From the correction to information was updated to include the policy revisions for "Abuse Prevention" and "Cell Phone Usage." From the correction to include the policy revisions for "Abuse Prevention" an	STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION					COMPLE	TED
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The facility will remain out of compliance at a Scope and Severity level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. (F 490) central supply clerk, medical Exprises Director, admissions coordinator, admissions coordinator, admissions coordinator, anistenance staff, personal care services staff and supervisor, receptionist, Resident Services Director, activities and wellness staff for independent living areas, Pharmacy Consultants, Couriers, and Information Technology (IT) Contractors, Altending Physicians, Medical Equipment Sales Representative and Service Personel, Medical Supplies Sales Representative, Psychological Services – Nurse Practions and Social Worker, Chemical Sales Representatives, Hospice, Philebotomist, Newspaper Carrier, Care Coordinator for Medical State Insurance Program, Medical Director, Dentist, Dental Hygienist, Registered Dictician. * 1/24/12: New Hire Orientation information was updated to include the policy revisions for "Abuse Prevention" and "Cell Phone Usage." * 1/28/12: The roster of current individuals employed at Appalachian Christian Village was contacted and instructed on the revised policies. Acknowledgement forms have been signed and are maintained in each employee's personnel in by Human Resources personnel of Appalachian Christian Village. A list of persons in serviced is attached for reference (See	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	
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STATEME	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE S	0938-U39 Survey Eted
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IAME OF	PROVIDER OR SUPPLIER	445483	1.,,			15/2012
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corrective action.

interviewed by the Social Services
Coordinator regarding any changes in
personality, mood or behavior they may have
noticed in that resident within the last 3
months. Findings: Issues/concerns reported
were forwarded to the DON for follow-up and

STATEME	NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	275 - 2000 000 000	TIPLE CONSTRUCTION	(X3) DAYE :	OUSE-USE SURVEY ETEO
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STATEMENT OF CORRECTION AND PLAN OF CORRECTION AS BUILDING RAPPALACHIAN CHRISTIAN VILLAGE (CA4) ID PRIVATE (CA4) ID PRIVA	CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES				ו טיטי טיטיו
NAME OF PROVIDER OR SUPPLIER APPALACHIAN CHRISTIAN VILLAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFEX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFEX TAG (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFEX TAG COntinued From page ST The facility will remain out of compliance at a Scope and Severity level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not immediate Jeopendy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee. CELL PHONE USAGE POLICY REVISIONS The revised cell phone usage policy states, with revisiens in bold italies: "Appalachian Constant Village prohibits the use of personal cellular phones and cameras in their vehicles and shall not use them while they are clocked in on ACV property. Employees are asked to ensure that friends and family members are aware of the company's policy, if an employee is caught with their presmal gellular phone in an ACV building during working hours the equilar phone story and will not be returned to them until the end of their shift. In the event of an amergency, employees may use the facility of business use and may use them for legitimate business reasons while a vues the more legitar phone business use and may use them for legitimate business reasons while a vues them for legitimate business reasons while a vues them for legitimate business reasons while a vuest for the publicans in expectation of Appalachian Christian Village shall serve as the Abuse Coordinator. CELL PHONE USAGE POLICY REVISIONS The revised cell phone usage policy states, with revisions in bold italies: "Appalachian Christian Village prohibits the use of personal cellular phones and cameras in their vehicles and shall not use them while they are clocked in on ACV building during working hours the equ	STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION		,		COMPLE	TED
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APPALACHIAN CHRISTIAN VILLAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFEX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFIX TAG PROMPERS PLAN OF CORRECTION CONFIDENCY MUST BE PRECEDED BY FULL PREFIX TAG PROMPERS PLAN OF CORRECTION CONFIDENCY APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG	NAME OF P	ROVIDER OR SUPPLIER		STE	REET ADDRESS, CITY, STATE, ZIP CODE		
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	Continued From page & I The facility will remain out of compliance at a Scope and Severity level "D"-a pattern of deficient practice that constitutes no actual harm with potential for more that minimal harm that is not Immediate Jeopardy. The facility remains out of compliance until it provides an acceptable plan of a correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and evaluated by the Quality Assurance Committee.			1/27/12: The Administrator and Nursing reviewed the function of supervisors, LPN charge nurses Quality Assurance LPN. 3/4/12 and 3/5/12: The Social implemented a Family Council be favorable responses from family who expressed an interest in the (See Attachment "P" for Famili information) 2/8/12: The DON and ADON an additional resident monitoring monitor resident care and if care a compassionate, caring manner nurse conducts clinical rounds for assignment at least 2 times each are recorded on the "Clinical Rouworksheet" and forwarded to the ADON. (See Attachment "F"). monitoring process is ongoing.	Worker ased on 10 members council. y Council I developed process to was given in The charge r his/her shift Results and DON and or	

Attachment "H").

regarding

 1/31/12: A grievance program was developed and implemented by the

The DON will maintain a log of complaints and will follow up on each complaint

residents, family and visitors. (See

patient care issues promptly. This program is in addition to the current policy/procedure in place that is overseen by the Social Services Coordinator. Complaint/grievance reporting forms are located by the bulletin board that houses the public postings and information. These forms are accessible to all employees,

Director of Nursing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		B. WING		R-C			
NAME OF PROVIDER OR SUPPLIER APPALACHIAN CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COI 2012 SHERWOOD DRIVE		02/15/2012 DE	
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	practice that constitute potential for more the immediate Jeopardy compliance until it practice does corrective measures	in out of compliance at a level "D"-a pattern of deficient ites no actual harm with at minimal harm that is not. The facility remains out of ovides an acceptable plan of the monitoring to ensure the ess not recur and the facility's could be reviewed and slity Assurance Committee.	6 L 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2	2/8/12: Facility engaged the an Independent Nurse Consultate with the AOC /POC process and implementation to address issue the statement of deficiencies. To Consultant will continue to evaluate compliance during routine visits. 2/8/12: Additional rounds were implemented to be conducted by Management team. Members of management team (Administrator ADON, QA Nurse, MDS Nurses, Worker/Admission Coordinator are Coordinator) will round in the facilionate daily on the night shift between and 7a, every day for at least 30 committee resident care and interactions are considered to communication between the c	ant to assist a system as identified in the Nurse ate the the the the to Activities lity at least ten 12mn days to ion. the daily Care Center "Off" hours to normal		

STATEME	NT OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		IT(II F CONSTRUCTION	OMB N	O. 0938-039
AND PLAN OF CORRECTION		ORRECTION IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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	practice that constitute potential for more that immediate Jeopardy, compliance until it pro a correction to include deficient practice does corrective measures.	in out of compliance at a level "D"-a pattern of deficient ites no actual harm with at minimal harm that is not. The facility remains out of ovides an acceptable plan of e monitoring to ensure the es not recur and the facility's could be reviewed and lity Assurance Committee.	-	1/31/12: A policy was dever and implemented to provide direction for supervisory star conducting clinical rounds, redirection for supervisory star conducting clinical rounds, redirection. 2/7 "Teachable Moments" was implemented by the DON. The program designed for review and staff knowledge of: 1) / prevention; 2) Cellular Phone/Camera Use; 3) Elde Justice Act and Crimes Reportance and Crimes Reportance of the provided supervisors which are asked by Charge Nurse to each staff in at the beginning of each new rotation. Results are reported DON and ADON at the enshift (See Attachment "I") 2/12/12: Nurse Consultant, CEO Chairman of Board counseled and guidance to the Administrator and Dow to handle allegations of abuse/etc. to ensure action is taken appropand in a timely manner and in accorfacility policy. Written disciplinar were placed in their files.	of on esident of //12: This is a policy Abuse or orting. If the hember of the orting	

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Scope and Severity le practice that constitute potential for more that Immediate Jeopardy. compliance until it produce a correction to include deficient practice does corrective measures of		in out of compliance at a level "D"-a pattern of deficient ates no actual harm with at minimal harm that is not of ovides an acceptable plan of le monitoring to ensure the es not recur and the facility's	{F 490	4) How the corrective actions monitored to ensure the deficie will not recur, I. e. quality assurmeasures implemented. •2/14/12: The Quality Assurance monitor resident care, call light retimes, direct care staff to resident resident conditions, family/visitor of during daily rounds Monday – Frior rounds will also be conducted at least on a weekend each month. This is process is ongoing (See Attachm) • 2/14/12 – Social Services Cool and/or the Social Worker/Admissis Coordinator will rendomly interview cognitive/interview able residents different residents each week) to care is provided in a caring comparmance and if they have noticed a from staff that may be consistent vor neglect. These interviews will be completed weekly times 2 weeks, monthly times 3 months and quart thereafter. (See Attachment M).	ens will be icient practice surance ence Nurse will tresponse lent interaction, or concerns Friday. These at least 1 shift his monitoring hment L). Coordinator ssions wiew 5 hts (selecting to determine if in passionate d any behavior int with abuse ill be ks, then parterly II).	
			all	of all disciplines (selecting different of all disciplines (selecting different of are knowledgeable of the Abuse P policy and Cell Phone Policy, week weeks, then monthly times 3 month quarterly thereafter. (See Attachn	employees t ne if they revention kly times 2 hs, then	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-U (X3) DATE SURVEY COMPLETED	
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